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MEDICAL ASSISTANCE THROUGH MEDICAID

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Illinois Department of Public Aid

MEDICAL ASSISTANCE THROUGH MEDICAID

Medical Assistance pays for most medical care costs for persons who get a cash payment from Public Aid. If you are not eligible for a cash payment you may still be eligible for Medical Assistance through either the Medicaid Program or the Aid to the Medically Indigent (AMI) Program. If you are eligible for either of these programs you will receive help in paying medical bills but will not receive a cash payment. THIS PAMPHLET IS ONLY ABOUT MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM. If you are ineligible for Medical Assistance through this program you may still be eligible for AMI. Public Aid has a brochure about the AMI Program titled, "Medical Assistance Through the Aid to the Medically Indigent Program." Read that brochure. It explains the AMI Program.

MEDICAL SERVICES AVAILABLE

If you receive a cash payment from Public Aid, or if you are only eligible for Medical Assistance, Public Aid will pay for the following medical services: in-patient and out-patient hospital services; clinic care; physical rehabilitation services; laboratory and x-ray services; family planning services and supplies; nursing care in the home; skilled nursing facility care; home health care services; special duty nursing care for a hospital patient; care in intermediate care facilities; physicians' services in the office, patient's home, hospital, nursing home, or other appropriate place; psychiatric services; early and periodic screening for diagnosis and treatment of children (Healthy Kids); dental care; eye care; podiatry services; chiropractic services; medical transportation; physical therapy, occupational therapy, speech therapy, and audiology provided by or supervised by a qualified therapist; certain drugs, medical supplies, sickroom needs, appliances and prosthetic devices; private duty nurses; second opinions regarding the need for surgery. Certain medical services/items require prior ap-

proval from Public Aid before payment can be made. For some clients, in certain parts of the state, medical services can be provided through a Health Maintenance Organization (HMO). For all clients who receive cash assistance, dental services are provided through the Delta Dental Plan.

Funeral and Burial Expenses: Funeral and burial expenses may be paid when 1) the deceased was eligible for medical services at the time of death, 2) there is not enough money in the deceased person's estate to pay the cost of funeral and burial, 3) no legally responsible relatives are able to pay the costs, and 4) application is made within five days of death.

WHERE TO APPLY FOR MEDICAL ASSISTANCE ONLY

If you need help with medical expenses, apply at the Public Aid office in the county where you live. Application may also be made while you are in the hospital. If you can't complete the application, a relative or other person who knows your circumstances may apply for you.

WHAT HAPPENS WHEN YOU APPLY

Public Aid will notify you if you are eligible within 45 days of the date you apply. If you are applying on the basis of disability, you will be notified within 60 days.

If Public Aid doesn't make a decision on your application within the time limit, Public Aid may have to pay you back for medical bills you paid after the time limit. Save copies of any medical bills paid after the time limit. Public Aid will send you a letter if you are eligible for being paid back.

If your application is approved, Public Aid will pay bills for services it covers for the time you are eligible. Your eligibility usually begins with the month you apply, provided you meet all eligibility requirements. However, IT MAY

BEGIN UP TO THREE MONTHS BEFORE THE MONTH YOU APPLY. If you have medical bills in any of the three months before the month you apply be sure to tell Public Aid about them so that your eligibility for payment of those bills is considered. You should, if possible, not pay your medical bills until you learn if you are eligible for Medical Assistance so that Public Aid can pay them.

ASSIGNMENT OF MEDICAL SUPPORT AND AGREEMENT TO COOPERATE

Illinois law provides that by applying for assistance, the applicant assigns to the Department of Public Aid his/her rights to medical support and payments for medical care and the rights of his/her children for whom assistance is requested and received. In addition, the applicant agrees as a condition of eligibility to cooperate with the Department in obtaining medical support or payments. If an individual does not cooperate, he/she is ineligible for Medical Assistance. However, non-cooperation does not affect the financial or medical eligibility of children for whom assistance is received.

YOUR RESPONSIBILITES

You must report accurately all income and resources and other facts which have a bearing on your eligibility for assistance. Third party resources such as health insurance or Medicare must be reported. You must immediately report any change in your circumstances which may affect your eligibility or the amount of your spend-down such as a change in your income and/or assets. By law, penalties are provided for knowingly and willfully misrepresenting material facts, for fraudulently securing medical benefits and for the misuse of medical benefits.

Recipient Penalties under section 1909 of the Social Security Act: If you knowingly and willfully make a false statement or misrepresent information, or fraudulently conceal or fail to disclose information or knowingly and willfully convert medical benefits for the benefit of any other person you are guilty of a felony and upon conviction may be fined not more than $25,000 or imprisoned for not more than five years, or both. In addition, if you are convicted of a Medical Assistance offense, Public Aid may limit, restrict, or suspend your eligibility for a period not to exceed one year.

ELIGIBILITY FOR MEDICAL ASSISTANCE

If you meet the following requirements you may be eligible for Medical Assistance.

Income: Your earned and unearned income is considered when you apply for Medical Assistance. Earned income is wages from your job or profits from your business. Unearned income is such things as Social Security Benefits or contributions. Some of your income may not be counted.

Your monthly income is compared to the monthly Public Aid income standard. If your income is equal to or less than the standard and you meet all other eligibility requirements, you will receive a monthly medical card until you are no longer eligible. If your income is more than the monthly standard and you meet all other eligibility requirements, you are enrolled in the Medical Assistance Program for a six month period. This is called spend-down. The Department has a special pamphlet about this titled, "Your Guide to the Medicaid Spenddown Program." Read it.

For nursing home residents, your income over the $25 group care standard is payable directly to the facility.

ASSETS: You are eligible for a month if your assets are below the allowable limits at any time during the month. Therefore, you may use your excess assets to pay off old medical bills or other legitimate expenses. However, if you lower your assets to become eligible be sure to have proof to show Public Aid what you did with the excess amount.

Aged, Blind or Disabled Persons

Homestead property, clothing, personal affects, household furnishings, business or farming equipment needed to produce income, motor vehicles, certain life insurance policies, if the face value does not exceed $1500 and non-exempt burial funds that don't exceed $1500 are not counted when determining your eligibility. Stocks, bonds, savings accounts and cash on hand are not counted up to $1800 for yourself, $2700 if you have one dependent and $50 for each additional dependent living with you. If you are over the limit you are not eligible for Medical Assistance.

Families with Dependent Children

Homestead property, clothing, personal effects and household furnishings are not counted when determining your eligibility. One automobile will not be counted if its equity value is not more than $1500. If it is more, the equity amount over $1500 will be counted. The value of stocks, bonds, savings accounts and cash on hand are not counted up to $1800 for the first family member, $2700 for two family members and $50 for each additional family member with whom you are living. If you are over the limit you are not eligible for Medical Assistance.

Residence: You must be a resident of Illinois and a citizen of the U.S. or have legal alien status. Being temporarily absent from the state does not disqualify you if all other eligibility requirements are met.

Responsible Relatives: You are legally responsible for your spouse and for children under age 21. However, you are not responsible for the suppport of your children ages 18 through 20 if they are not living with you.

Proof of Disability, Blindness or Age: If you are receiving cash from the federal Supplemental

Security Income program (SSI) or have applied for and are approved to receive SSI, this will be accepted as evidence that you are either aged, blind, or disabled. If you do not receive SSI and do not wish to apply for SSI, then your age, blindness, disability or incapacity will be evaluated by the Department of Public Aid.

Transfer of Property: If you are not living with your spouse but you equally divide your marital assets, provided you do not have access to the asset, the transfer will not affect eligibility. If an individual transfers interest in homestead property, it will not affect eligibility.

Anyone who has transferred either real non-homestead or personal property or any other asset(s) for less than it's worth within two years of the date of application for Medical Assistance is ineligible for assistance if the transfer was made for the purpose of qualifying for or increasing the need for assistance. The person is ineligible for up to two years from the date of the transfer, or for as long as the value of transferred property would meet the person's needs, whichever comes first.

Eligibility Factors for Families With Dependent Children: Families may be eligible for the Medical Assistance Program if there is at least one dependent child in the family group. To be a dependent child, the child must:

- Be under age 18 or age 18 and a full-time student in grades 9 through 12 or an equivalent vocational or technical school and expected to complete the program before reaching age 19.

- Lack parental support or care because of a parent's death, physical or mental incapacity, full or partial unemployment or continued absence for such reasons as parents not married, divorce, separation, imprisonment, or military services;

- Be living with an adult who is their parent or other close relative such as an adoptive father or mother, grandmother, grandfather, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle or aunt.

Special Medical Coverage: The following persons may be eligible for medical coverage if the eligibility requirements explained in this pamphlet are met.

A) Pregnant Women

If you are a pregnant woman with no children you may receive full medical coverage if you meet all other eligibility factors. Medical Assistance is available to a pregnant woman of any age who may or may not have other dependent children living in the home and who meet the asset standards of the AFDC Medical Assistance Program and who would not be eligible for AFDC if the child were already born because of the following non-financial reasons:

- the father is not absent, and neither parent is incapacitated and the principal wage earner does not meet the Department's definition of unemployment.

B) Children Age 17 and Under

Children age 17 and under may receive Medical Assistance through a special Medical Assistance Program. This program provides the same medical coverage as provided to children who receive AFDC Medical Assistance. However, to be eligible, the child(ren) under 18 does not have to meet the eligibility factors explained under the heading of "Eligibility Factors for Families with Dependent Children" in this pam-

phlet. Persons age 18 and over are not eligible for this special program. If non-exempt income is over the standard, the family will be enrolled in the "Spend-down" Medical Assistance Program but must present medical bills and/or receipts equaling the excess income before a medical card for the month is issued.

RIGHTS OF APPLICANTS AND RECIPIENTS

Right to Apply: Any person has the right to apply for help under the Medical Assistance Program.

Choice of Vendors: You have a free choice of doctors, hospitals, or other providers of medical services which meet the requirements of and comply with the rules and regulations of the Department. For financial assistance clients, all dental services are provided through the Delta Dental Program. Medical services may be provided through a Health Maintenance Organization. Persons who overuse medical services will be required to designate one physician who will be responsible for providing or authorizing non-emergency medical care and/or one pharmacist who will be responsible for supplying all prescriptions.

In some counties Public Aid and certain hospitals have entered into an agreement for the hospital(s) to provide non-emergency inpatient hospital care. This is called the ICARE Program. If you live in a county that has the ICARE Program and you need non-emergency in-patient hospital care, you must go to a hospital which is part of the ICARE Program. If you go to a hospital not participating in ICARE, Public Aid will not pay for your hospital care. If you live in a county with the ICARE Program, when you apply for assistance you will be given a listing of the participating hospitals. Check the list before you go into a hospital.

Advance Notice: If your Medical Assistance is terminated because you have been determined not to be eligible you will be given 10 days advance notice in writing before it is terminated. You will also be given the opportunity for an informal conference with a local office representative to discuss the reasons for the termination. The conference is not the same as an appeal. It does not prevent you from having an appeal hearing.

Right to Appeal: Every applicant/recipient has a right to appeal the denial, termination or change of benefits or the Department's failure to act on a request.

You may appeal in writing to the local Public Aid office or to the Illinois Department of Public Aid within 60 days. If you want to appeal, the local office will provide a form which you may use in making the appeal. Public Aid does not pay legal fees. If you are appealing a proposed reduction or termination of assistance and the appeal is filed within the 10-day advance notice period, your assistance will be continued during the hearing process. Your hearing will be conducted by a state hearing officer. It is without cost to you. The hearing will be held in the county where you live.

At the hearing you will have the opportunity to explain your appeal or have it explained by legal counsel or someone acting for you. You may introduce evidence and witnesses in your behalf. You may examine before and during the hearing any material the local office plans to introduce as evidence.

Unless you have requested a delay in the hearing process, the Department will notify you by letter of its decision on the appeal and implement the appeal decision within 90 days after your appeal is filed. For complete details, see brochure DPA 377, The Right to Appeal and to Receive a Fair Hearing.

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Civil Rights: The Illinois Department of Public Aid administers all programs under its jurisdiction in conformance with Title VI of the Civil Rights Act of 1964, and does not discriminate on the basis or race, color, sex, religion, national origin, handicap or political affiliation of any applicant or recipient.

For complete details, see brochure DPA 592, Public Aid and Civil Rights.

Protection of Personal Information: By law the contents of your Public Aid records may not be disclosed without your consent except for the purpose of administering the program.

You can report Medical Fraud or Abuse: If you know of medical fraud or abuse or of providers of medical services incorrectly billing the Department call the toll free Hotline number 1-800-325-8823 to report what you know. You can also call this number to report receiving poor medical treatment, problems in obtaining medical or dental care, problems receiving services from an HMO or instances of being charged for covered medical services. The Hotline can be called Monday through Friday, 8:30 a.m. -5:00 p.m.

ESTATE CLAIMS

Claims will be made against estates to recover the amount paid for medical services in behalf of recipients of the Medical Assistance Program if the recipient was 65 years of age or over at the time the medical assistance was received, but only after the death of the surviving spouse and only when there is no surviving child who is under 21 or who is blind or permanently and totally disabled.

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THE DEPARTMENT'S RIGHT

Sometimes the Department pays a medical bill when a third party resource such as Medicare or health insurance should have paid the bill. When this happens, the Department of Public Aid has the right, by law, to get the money from the third party resource. The Department of Public Aid does not need your consent to get this payment.

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The Illinois Department of Public Aid does not discriminate in admission to, or treatment or employment in programs or activities in compliance with the Illinois Human Rights Act, the Illinois Constitution, the U.S. Civil Rights Act, Section 504 of the Rehabilitation Act, as amended, and the U.S. Constitution.

DPA 591 (R-4-87)

Printed by the Authority of the State of Illinois
P.O. #765 copies 259,225